PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004								Application or Docket Number			
U.S. NATIONAL STAGE FEES			(Column 1)		(,	30idiiii 2)	RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300	BASIC FEE	,	OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT A	• •	All other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$ ALL other co \$ 200 / \$	\$ 50 / \$ 100 untries =	·		SEARCH FEE			SEARCH, FEE	400
FEE FOR EXTRA SPEC. PGS.				us 100 =	/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			7. minus 20 =		*		X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			\ n	ninus 3 =	*		X \$ 100 =		OR	X \$ 200 =	V T
MULTIPLE DEPENDENT CLAIM PR			ESENT				+ \$ 180 =		OR	+ \$ 360 = -	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	OTHER THAN NTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 15	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	Independent	* 2	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	,
							TOTAL ADDIT		OR	TOTAL ADDIT	
		(Column 1)		(Colu	mn 2)	(Column 3)	•				
AMENDMENT B		CLAIMS REMAINING ' AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
						•		٠			•
*	If the entry in colu	ımn 1 is less than th	e entry in column	2, write "0"	in colum	n 3.					

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

FORM PTO-875 (Rev. 02/2005)